

ELIMINATION OF VIRAL HEPATITIS IN ROMANIA LESSONS LEARNT AND THE WAY FORWARD

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Organisers

Associations Collaborating on Hepatitis to Immunize and Eliminate the Viruses in Europe (ACHIEVE) coalition
Viral Hepatitis Prevention Board (VHPB) member of ACHIEVE



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OPENING & OBJECTIVES

Session 1



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SESSION 1: OPENING & OBJECTIVES



Workshop objectives:

- Provide an overview of the current viral hepatitis situation in Romania: surveillance systems, epidemiology, screening, burden, prevention and the cascade of care
- Discuss the development and implementation of a National hepatitis plan
- Assess the need to achieve the goal of eliminating viral hepatitis as a major public health threat by 2030 as set out in the WHO Global Strategy and WHO Europe Action Plan, building on the UN Sustainable Development Goals' (SDG) commitments
- Discuss the support Romania can give to the EU in achieving the WHO targets in view of the upcoming Romanian Council Presidency in the first half of 2019
- Identify successes, issues and barriers to overcome, and the way forward

THE HEALTH CARE SYSTEM IN ROMANIA

Session 2



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SESSION 2: THE HEALTH CARE SYSTEM IN ROMANIA



- National health insurance house: most appropriate coverage for the Romania population
- Social insurance system is co-funded by MoH and increasingly by active population
- Health expenditure is the lowest of the EU (557\$)
- Life expectancy is the lowest (6 years lower than the EU average) in EU and 20% poverty rate
- 35% of population not insurance (e.g.: homeless, unemployed)
 - Basic healthcare package (including prevention, diagnosis and treatment of chronic diseases and during pregnancy, emergency care) available for all
- Shift in population demographic with a reduced younger population and increase in the elderly,
 - creates increased pressure on funding of healthcare in the future

CURRENT HEPATITIS SITUATION

Session 3



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OVERVIEW OF SURVEILLANCE SYSTEM AND THE EPIDEMIOLOGY OF HEPATITIS B & C



- New Governmental Decisions for case identification and surveillance
 - National surveillance (hospital based system limited to acute cases)
- Overall decrease in incidence for HBV and HCV with some variation year on year with HCV. Questions were raised about **quality of data**
- Need to capture chronic cases and **problems of under-reporting** of acute and chronic HBV & HCV
- Acute HBV surveillance shows existence of two cohorts
- Earlier than 1990, nosocomial transmission is seen as the most common route for transmission for HBV and HCV / but **other risk factors** (e.g.: IDUs) **might be hidden**
- **Implementation of a robust quality monitoring system is critical first step to eliminate HBV and HCV**

DISEASE BURDEN IN ROMANIA



- Sero-prevalence data confirmed high HBsAg + (4-7.7%) as well as Anti-HCV Ab + (3.3-5.6%)
- HCV-RNA is 1.9% (confirmed HCV infections)
- Northern part of Romania: hotspots of >8% anti-HCV Ab+ / so regional variation can be significant (both 'hospital personnel' and 'in the street campaign')
- Still need for improved disease awareness for both HBV and HCV
- GP are seen to hold a key role in the future testing in their registered population

HEPATITIS IN RISK GROUPS



- Very high prevalence of HCV in IDUs, low/medium HBV, and increasing prevalence of HIV (starting in 2011)
- Typical profile of IDUs: 89% young male mean 29-35 yr (mean 27) , unemployed, low level of education
- Increase in co-infection of HIV and/ Or HBV in HCV population from 2011
- Increasing tendency of local networks of HIV and HCV transmission shown by phylogenetic cluster analysis
- HIV/HCV clinical implications: access to treatment is very difficult, very low adherence. Emerge of new genotype and subtype requiring carefully surveillance as potentially resistant strain to therapy

PREVENTION AND CONTROL OF VIRAL HEPATITIS

Session 4



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HB VACCINATION PROGRAMS IN ROMANIA



- Vaccination programme introduced in 1996 with 3 doses and now has increased to 4 doses
- In addition, programmes to 'catch up' and cover all children and adolescents
- High coverage of vaccinations with a decrease in coverage from 2009 due to:
 - Shortage of supply
 - Increase in vaccine hesitancy
- No recommendation at risk group immunization e.g.: MSM, IDUs, transplant and dialysis patient, CSW
- Issues raised:
 - Not all children complete their HBV immunization programme
 - Not all pregnant women (60%) are screened
 - Monitoring of screening programme is incomplete
 - Integration of data and surveillance

HB VACCINATION PROGRAMS IN ROMANIA



- Impact of immunization programme:
 - Incidence data shows impact of universal immunisation programme through a continuous decrease in incidence level from 8-4%
- Timely administration of birth dose of hepatitis B vaccine and completing of infant vaccination programme continues to require attention

TREATMENT GUIDELINES – TREATMENT ACCESS



- Interferon base treatment prescribed from 2003 to 2015
- DAA treatment prescribed from 2016 to date, with an increase in indications
- Sustained optimal therapeutic response (>90%)
- Future issues:
 - Cost of therapy
 - Cross-border procurement for patients not covered in national reimbursement schemes
 - Extension of indication to include F1 and F2 patients (without discrimination)
 - Extension of use of non-invasive and inexpensive assessment methods (Fibroscan and APRI) and number of prescribing hospitals (currently 11 hospital) to all country hospitals

PREVENTION AND CONTROL ACTIVITIES BY CIVIL SOCIETY AND PATIENT ORGANISATION (PO)



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- Public awareness of HBV & HCV and risk of transmission needs to be raised
- Access to diagnosis and treatment for all patients without discrimination, and availability for psychological counselling support
- Identify solutions for people not covered by the national medical insurance
- Call for authorities to take into consideration a system to ensure everyone's right to healthcare services to be honored, especially when talking about infectious diseases
- Call for civil society organisations to be included in the Advisory Board for the Romania National Plan

NATIONAL HEPATITIS PLAN: ROMANIA



- Romania commits to delivering the WHO goal to eliminate hepatitis by 2030, specifically to halve the new infections and testing and diagnosis available for all the populations
- New national plan prioritises:
 - National epidemiological data system needs strengthening
 - Primary prevention needs consolidation
 - Extend HVC treatment to all patients regardless of fibrosis
- Data collected on number of people treated each year, treatment success rate, survival and complications
- Romanian Action Plan: New governance structure being developed to include:
 - Advisory Boards to coordinated with representatives
 - Technical committee
- Milestones for 2018:
 - Costing of plan and secure funding
 - Operationalise the monitoring system;
 - Establish the national governance structure to oversee the delivery of the action plan

SESSION 5: WHAT ARE THE NEEDS TO ELIMINATE VIRAL HEPATITIS BY 2030

Section 5: Discussion Groups



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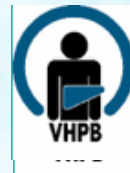
GROUP DISCUSSION FEEDBACK (1)



- Mister hepatitis – to lead the implementation and monitoring of the National Hepatitis Plan
- Define concrete responsibilities (who does what – who takes the lead) within the MoH and within the Advisory Board and Technical Committee
- Funding needs to be allocated
- Update epidemiology / improve quality of the data
 - Adapt the surveillance system to also include chronic hepatitis
 - Link data from ID in hospitals/between hospitals
- Include testing/diagnostics and confirmation assays into the minimal insurance package
- Improve screening rate of pregnant women for hepatitis B
- Prevent vaccine shortage
- Improve case finding/screening
 - Development of a national screening strategy and profile (risk groups, age group)
 - Education and training of GP on screening and treatment
 - Awareness among general population



THANK YOU



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